

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 06/21/2004		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 06/22/2004							
		FINANCIAL PAYER: NCDMM							
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	
							FINALIZED	PAID	
3404901	SMOXY MOUNTAINM H/DD/SAS	8505	3550	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8931	494	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	731	4985	6001	698	
		8599	358	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404902	BLUE RIDGE COMM UNITY	8505	3587	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3741	3745	4	
		5404	31	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD					
3404904	WESTERN HIGHLAN DS LME	8599	164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8505	110	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	70	460	535	75	
		8000	77	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL					
3404905	TREND COMM MENT AL HLTH CTR	8505	581	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		21	176	DUPLICATE OF CLAIM-SYSTEM	0	970	1079	109	
		8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404907	RUTHERFORD-POLK	8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		21	17	DUPLICATE OF CLAIM-SYSTEM	0	36	46	10	
3404910	PATHWAYS	8505	7770	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8600	1107	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	9049	9211	162	
		8599	158	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404912	CATANBA COUNTYM ENTAL HEALT	8505	1590	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		11	81	CLIENT NOT ELIGIBLE ON SERVICE DATE	13	1712	1958	246	
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					

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3404913	MECKLENBURG COM ENTAL HEALT	8505	24796	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	5740	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1123	40412	43390	2978
		8599	3698	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIALOR HEAL	8000	267	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8505	266	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	13	869	3331	2462
		21	129	DUPLICATE OF CLAIM-SYSTEM				
3404917	CENTERPOINT HUM AN SERVICES	8505	13974	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	575	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	143	15522	15567	45
		8800	481	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	1070	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	147	CLIENT NOT ELIGIBLE ON SERVICE DATE	23	1324	1636	312
		8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	6684	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	513	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	171	7792	11263	3471
		8599	248	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	17752	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	658	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	14	19029	19235	206
		8599	246	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	5793	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8517	1479	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	23	11099	13340	2241
		8800	1402	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO RITY	21	455	DUPLICATE OF CLAIM-SYSTEM				
		8505	141	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	696	734	38
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404924	PIEDMONT AREA M H/DD/SAS	8326	2	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	2	2	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	4591	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	548	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	80	5804	7656	1852
		8599	325	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	10093	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	299	DUPLICATE OF CLAIM-SYSTEM	139	11288	12150	862
		11	281	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927	CUMBERLAND CO M HC	8505	606	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	91	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	818	1342	524
		8800	67	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	8505	1470	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	421	DUPLICATE OF CLAIM-SYSTEM	0	2201	3458	1257
		8599	182	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	126	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	73	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	203	359	1381	1022
		8936	37	CSTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404931	WAKE CO HUM SVC BILLING OF	8505	1440	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1006	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	290	3291	10266	6935
		8935	254	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	902	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8526	202	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	32	1450	1583	133
		8800	163	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	810	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	948	971	23
		8800	62	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow COUNTY B BEHAVIORAL H	8505	197	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8600	104	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	449	1061	612
		8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	76	DUPLICATE OF CLAIM-SYSTEM				
		8621	52	60 RESIDENTIAL LEVEL II: TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	58	261	928	667
		120	30	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404937	EDGEcombe NASH MNTL HLTH C	8505	1648	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	241	DUPLICATE OF CLAIM-SYSTEM	312	2604	2798	194
		8599	233	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	RIVERSSTONE MENT AL HEALTH C	8505	4402	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	361	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	5546	5615	69
		5404	334	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TGS/DOS/MOD				

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3404939	NEUSE MENTAL HE ALTH CENTER	8505	1151	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	640	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	8	2605	3927	1322
		8599	341	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	8505	2299	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	518	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	71	3080	6068	2988
		8935	66	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404942	ROANOKE CHOWANN UMAN SERVIC	8505	905	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE	14	1137	1904	767
		143	58	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	617	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	46	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	31	790	1327	537
		21	22	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HOMA N SERVICES	8505	2302	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		120	465	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	155	3574	5370	1796
		8800	422	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	6571	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	3690	DUPLICATE OF CLAIM-SYSTEM	47	13308	13683	364
		8000	1096	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404957	TIDELAND MENTAL HEALTH CTR	8505	1272	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	50	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	47	1416	1417	1
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	21	8387	DUPLICATE OF CLAIM-SYSTEM				
		8505	8376	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	119	18236	18236	0

		8800	1274	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				